

2025

MISSOURI QUILT FESTIVAL

Quilt Donation Form

Maker Information

Individual

Made By: _____

Maker's Address: _____

Maker's City, State, Zip: _____

Maker's email: _____

Maker's Phone number: _____

Quilted By (if different): _____

Church

Church Name: _____

Church/Address: _____

Church's City, State, Zip: _____

Contact Person: _____

Contact Phone: _____

Quilt Information:

Size: _____ inches X _____ inches

Type of Quilting (circle one) Hand Machine

Type of Binding (circle one) Hand Machine Judging Category (circle one):

Quilt Title/Name: _____

Number of Hours to complete quilt: _____ Estimated Material cost: \$ _____

Pattern/Description: What do you want to see printed in the show booklet about your quilt?

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